

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

ADDRESS (number and street) ▼

1 PENN PLAZA

SUITE 6171

☒ Check if different than previously reported. (ACC)

NEW YORK

NY

10119

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00452847

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2012

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mikhael Moore

Signature of Treasurer

Mikhael Moore

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 13 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

## JEWISH COUNCIL FOR EDUCATION AND RESEARCH

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">194.00</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">194.00</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">202140.00</span>	<span style="border: 1px solid black; padding: 2px;">202140.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">202334.00</span>	<span style="border: 1px solid black; padding: 2px;">202334.00</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">2284.30</span>	<span style="border: 1px solid black; padding: 2px;">2284.30</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">200049.70</span>	<span style="border: 1px solid black; padding: 2px;">200049.70</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">39510.19</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 01 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y  
 03 / 31 / 2012
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

201000.00

201000.00

(ii) Unitemized .....

140.00

140.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

201140.00

201140.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

201140.00

201140.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

1000.00

1000.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

202140.00

202140.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

202140.00

202140.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1481.85	1481.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1481.85	1481.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	802.45	802.45
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2284.30	2284.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2284.30	2284.30

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	201140.00	201140.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	201140.00	201140.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1481.85	1481.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	1481.85	1481.85

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

Full Name (Last, First, Middle Initial)

A. Alexander Soros

Mailing Address 888 7th Avenue

City

New York

State

NY

Zip Code

10106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Student

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2012

Transaction ID : SA11AI.8377

Amount of Each Receipt this Period

200000.00

Full Name (Last, First, Middle Initial)

B. Marion Usher

Mailing Address 2021 Hilyer Place, NW

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2012

Transaction ID : SA11AI.8373

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

201000.00

201000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 18

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☒ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**JEWISH COUNCIL FOR EDUCATION AND RESEARCH**

Full Name (Last, First, Middle Initial)

## **A. Mik Moore Consulting, LLC**

Mailing Address 330 7th Avenue  
Suite 1901

City State Zip Code  
New York NY 10001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 26 / 2012

**Transaction ID : SA13.8374**

Amount of Each Receipt this Period

500.00

Loan

Full Name (Last, First, Middle Initial)

## **B. Mik Moore Consulting, LLC**

Mailing Address 330 7th Avenue  
Suite 1901

City State Zip Code  
New York NY 10001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2012

**Transaction ID : SA13.8375**

Amount of Each Receipt this Period

500.00

Loan

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

1000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

Category/  
Type

**[MEMO ITEM]**

01 / 26 / 2012

Category/  
TypeCategory/  
Type

470.00

FEC Schedule B (Form 3X) Rev. 02/2003



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

Category/  
Type

[MEMO ITEM]

Category/  
TypeCategory/  
Type

471.94

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

MM / DD / YYYY

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

[MEMO ITEM]

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

36.22

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 18

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**JEWISH COUNCIL FOR EDUCATION AND RESEARCH**

Full Name (Last, First, Middle Initial)

**A. Chase**

Mailing Address PO Box 260180

City  
Baton RougeState  
LAZip Code  
70826Purpose of Disbursement  
CC Payment - Credit Card 2

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03    26    2012
**Transaction ID : SB21B.8366**

Amount of Each Disbursement this Period

452.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

452.00

1430.16

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 12 OF 18

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8374

**JEWISH COUNCIL FOR EDUCATION AND RESEARCH****LOAN SOURCE** Full Name (Last, First, Middle Initial)

Mik Moore Consulting, LLC

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 330 7th Avenue  
Suite 1901

City New York

State NY

ZIP Code 10001

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
01 / 26 / 2012

Date Due

M M / D D / Y Y Y Y

none

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 13 OF 18

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8375

**JEWISH COUNCIL FOR EDUCATION AND RESEARCH****LOAN SOURCE** Full Name (Last, First, Middle Initial)

Mik Moore Consulting, LLC

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 330 7th Avenue  
Suite 1901

City New York

State NY

ZIP Code 10001

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

**TERMS**

Date Incurred

M M M /  
03D D D /  
26Y Y Y Y Y Y  
2012

Date Due

M M M /

D D D /

Y Y Y Y Y Y  
none

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

500.00

**TOTALS** This Period (last page in this line only)..... ►

1000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 14 OF 18

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**JEWISH COUNCIL FOR EDUCATION AND RESEARCH**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Chase**Nature of Debt (Purpose):  
Credit Card 2

Mailing Address PO Box 260180

City State

Zip Code

Baton Rouge

LA

70826

Outstanding Balance Beginning This Period

18971.57

Transaction ID : SD10.8023

Amount Incurred This Period

94.05

Payment This Period

1356.00

Outstanding Balance at Close of This Period

17709.62

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Mikhael Moore**Nature of Debt (Purpose):  
Payroll

Mailing Address 630 Fort Washington Ave

City State

Zip Code

New York

NY

10040

Outstanding Balance Beginning This Period

5483.14

Transaction ID : SD10.8257

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5483.14

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Revise Films**Nature of Debt (Purpose):  
Film Production

Mailing Address Rechov HaRav

City  
JerusalemState  
ZZ

Zip Code

Outstanding Balance Beginning This Period

1500.00

Transaction ID : SD10.7796

Amount Incurred This Period

-1500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

23192.76

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

1000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

1000.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SD10  
Transaction ID : SD10.7796

This debt is being removed from the committee's report in accordance with 11 C.F.R. 116.9.

Form/Schedule:  
Transaction ID:

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 16 OF 18

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**JEWISH COUNCIL FOR EDUCATION AND RESEARCH**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Sandler, Reiff & Young, PC**Nature of Debt (Purpose):  
Legal ServicesMailing Address 300 M Street, SE  
Suite 1102City State Zip Code  
Washington DC 20003

Outstanding Balance Beginning This Period

2692.50

Transaction ID : SD10.7900

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2692.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**St. Louis Jewish Light**Nature of Debt (Purpose):  
Advertising

Mailing Address 6 Millstone Campus

City State Zip Code  
St. Louis MO 63146

Outstanding Balance Beginning This Period

12077.38

Transaction ID : SD10.7860

Amount Incurred This Period

0.00

Payment This Period

802.45

Outstanding Balance at Close of This Period

11274.93

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Studio Guild**Nature of Debt (Purpose):  
Rent

Mailing Address 18 W 27th Street

City State Zip Code  
New York NY 10001

Outstanding Balance Beginning This Period

1350.00

Transaction ID : SD10.7899

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1350.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

15317.43

2) **TOTALS** This Period (last page this line number only)..... ►

38510.19

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

1000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

39510.19



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 17 OF 18  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>JEWISH COUNCIL FOR EDUCATION AND RESEARCH</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00452847       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

Full Name (Last, First, Middle Initial) of Payee <b>St. Louis Jewish Light</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address <b>6 Millstone Campus</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;">           01 / 10 / 2012         </div>	
City <b>St. Louis</b>	State <b>MO</b>	Zip Code <b>63146</b>	Transaction ID : <b>SE.8358</b>
Purpose of Expenditure <b>Advertising</b>	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	Office Sought: <input type="checkbox"/> House State: <b>DC</b> <input type="checkbox"/> Senate District: <b>00</b> <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;">           266.61         </div>			

Full Name (Last, First, Middle Initial) of Payee <b>St. Louis Jewish Light</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address <b>6 Millstone Campus</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;">           02 / 10 / 2012         </div>	
City <b>St. Louis</b>	State <b>MO</b>	Zip Code <b>63146</b>	Transaction ID : <b>SE.8359</b>
Purpose of Expenditure <b>Advertising</b>	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	Office Sought: <input type="checkbox"/> House State: <b>DC</b> <input type="checkbox"/> Senate District: <b>00</b> <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;">           533.67         </div>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">533.67</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mikhael Moore

[Electronically Filed]

Signature

Date

M M M / D D D / Y Y Y Y Y Y

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 18 OF 18  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>JEWISH COUNCIL FOR EDUCATION AND RESEARCH</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00452847       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee <b>St. Louis Jewish Light</b>		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 10 / 2012</div>	
Mailing Address 6 Millstone Campus		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">268.78</div>	
City St. Louis	State MO	Zip Code 63146	<b>Transaction ID : SE.8360</b> Office Sought: <input checked="" type="checkbox"/> House    State: DC <input type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Purpose of Expenditure Advertising		Category/ Type	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">268.78</div>			

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
City	State	Zip Code	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate Supported or Opposed by Expenditure:			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">268.78</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">802.45</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mikhael Moore

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  
 04 / 13 / 2012